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Application of Doctor Number

Substitute for Form PTO-875

Application of Doctor Number: D9/868821

(Column 1)

(Column 2)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.18(a), (b), or (c))		
SEARCH FEE (37 CFR 1.18(a), (f), or (g))		
EXAMINATION FEE (37 CFR 1.18(a), (p), or (q))		
TOTAL CLAIMS (37 CFR 1.18(f))	// minus 20 =	•
INDEPENDENT CLAIMS (37 CFR 1.18(h))	/ minus 3 =	•
APPLICATION SIZE FEE (37 CFR 1.16(a))	If the number of claims and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(c).	
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(j))		

RATE (\$)	FEE (\$)
X	0
X	2
TOTAL	

RATE (\$)	FEE (\$)
	<i>No</i>
	/
X	
X	
TOTAL	<i>No</i>

* If the difference in column 1 is less than zero, enter "0" in column 2.

07/31/04

(Column 1)

(Column 2)

(Column 3)

SMALL ENTITY

OR

**OTHER THAN
SMALL ENTITY**

AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(d))	Minus	
	14	20	0
Independent (37 CFR 1.16(d))	Minus	3	0
Application Size Fee (37 CFR 1.16(e))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

RATE (\$)		ADDITIONAL FEE (\$)
X	=	
X	=	
TOTAL ADDL FEE		

1/22/07

(Column 1)

(Column 2)

(Column 3)

RATE (%)

ADD-

RATE (\$)

ADDI-

AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(d))	15	20
Independent (37 CFR 1.16(e))	3	3	-
Application Size Fee (37 CFR 1.16(e))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X <input type="checkbox"/>	
X <input type="checkbox"/>	
TOTAL ADD'L FEE	

• If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

* If the "Highest Number Previously Paid For" (IN THIS SPACE) is less than 20, enter "20".

--- If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.18. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 422 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents; P.O. Box 1450, Alexandria, VA 22313-1450.

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